

Vermont Health Care Innovation Project
Care Models and Care Management Work Group Status Report
March 2015

Date: March 27, 2015

Co-Chairs: Bea Grause & Nancy Eldridge

Staff: Pat Jones & Erin Flynn

The Care Models and Care Management Work Group meeting was held on March 23rd, 2015.

1) Work Group Project updates this month:

ACO Care Management Standards: At its March 9th meeting, the Core Team voted to adopt the ACO care management standards for inclusion in the existing pilot standards for the Commercial and Medicaid ACO Shared Savings Programs.

Regional Blueprint/ACO Committees: The work group received a progress update from Blueprint and ACO representatives regarding the Unified Community Collaboratives. Currently, many of the UCCs are in the process of developing their charters. As follow up, draft charters were shared and distributed to the work group for review and comment.

Care Management Inventory Report: The care management inventory report was updated to include a description of home health services, and was posted to the project website at:
<http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/CMCM/CMCM%20Survey%20Report%202015-03-09%20FINAL.pdf>

Integrated Communities Learning Collaborative:

- Vermont Program for Quality in Healthcare hired a quality improvement facilitator to support the integrated communities learning collaborative. Bruce Saffron joined VPQHC on March 25th, and will be collaborating with existing facilitator, Nancy Abernathy, to provide support to the pilot communities.
- The second in-person learning session was held on March 10th at Norwich University, with nearly 80 participants in attendance from the three pilot communities. Presenters for the day included expert faculty Lauran Hardin, director of complex care at Mercy Health in Grand Rapids, Michigan who presented a care coordination framework for people with complex needs including identifying a lead care coordinator and developing shared plans of care; and Deborah Green and Matt Tryhorne from Northern Tier Center for Health (NOTCH) who presented on “Co-Managing Care: Primary Care and Mental Health/Addictions Treatment.” Communities worked in small group settings to apply the curriculum across the interdisciplinary teams, and also provided updates on progress around PDSA cycles and data collection in their individual communities.
- Upcoming events include a bi-monthly webinar on April 15th and an all-day in-person learning session on May 19th.
- Finally, the work group discussed and voted to recommend expansion of the learning collaborative on a state-wide basis. It was noted that the CMCM work group will collaborate

with the DLSS work group regarding this discussion, and additional budget details will be presented at future meetings.

Review of Finalized Year Two Work plan & Topics for Future Meetings: The work group reviewed the finalized year two work plan, and discussed future work group topics including: Blueprint/ACO Unified Community Collaboratives, Integrated Communities Care Management Learning Collaboratives, Population Health and DLSS work group collaboration, federal and state health care reform initiatives, review of best practices in care management, and identification of gaps, redundancies, and opportunities for coordination.

Update from Population Health Work Group: The population health work group provided information regarding key population health work group initiatives and projects; and provided an update on the work of the Accountable Health Communities project currently underway with the Prevention Institute. The work group discussed overlap between the two groups, and identified key opportunities for future collaboration.

2) **Planned accomplishments for next month/future:** Planned accomplishments for the next two months include: 1) continue to explore the possibility of expanding the learning collaborative to a state-wide basis. Collaborate with the DLSS work group regarding expansion; 2) Continue to implement the current round of the integrated communities learning collaborative, including planning and preparation for the upcoming April and May webinar and learning session; 3) Continue to track progress of the Unified Community Collaboratives, and ensure alignment with the integrated community learning collaboratives and the Unified Community Collaboratives; 4) Continue to receive presentations from work group members regarding identification of gaps, redundancies, and opportunities for coordination; 5) Continue to explore areas of overlap and collaboration with the Population Health and DLSS work groups.

3) **Issues/risks that need to be addressed:**

- Ensuring continued success, engagement and progress on the Integrated Communities Care Management Learning Collaborative, with wide representation from medical, social, and community organizations in each pilot community.
- Continuing to identify areas of overlap and linkages with other work groups.
- Staying on track to identify and support care models/care management that address Vermont's goals.

4) **Other matters:**

***Vermont Health Care Innovation Project
DLTSS Work Group Status Report
March 2015***

Date: March 27, 2015

Co-Chairs: Deborah Lisi-Baker & Judy Peterson

Staff: Julie Wasserman & Erin Flynn

The DLTSS Work Group meeting was held on March 26, 2015.

1) Work Group Project updates this month:

- Lawrence Miller gave an in-depth presentation on Vermont's All-Payer Model and its objectives, goals and desired outcomes. The presentation was guided by a list of DLTSS Work Group questions.
- Monica Light presented on Vermont's Global Commitment and Medicaid Managed Care as well as the recent Global Commitment consolidation with the Choices for Care Waiver.

2) Planned accomplishments for next month/future:

- Review of the DLTSS Year 2 Work Plan
- Presentation on the NEK "Duals" Provider Grant activities and accomplishments.
- Update on DLTSS's role in the Integrated Community Care Management Learning Collaborative
- Update on the DLTSS Provider Training initiative
- Future: Payment Models Work Group presentation

3) Issues/risks that need to be addressed:

4) Other matters:

**Vermont Health Care Innovation Project
HIE/HIT Work Group Status Report
March 2015**

Date: March 30, 2015

Co-Chairs: Simone Rueschemeyer & Brian Otley

Staff: Richard Slusky & Steve Maier

The most recent HIE/HIT Work Group meeting was held on March 25, 2015.

1) Work Group Project updates this month:

- The ACTT projects:
 - Vermont Care Network (VCN) Data Repository project:
 - RFP has been released.
 - Bidders conference was held on March 18.
 - VCN Data Quality project has conducted its kick-off meeting and work is proceeding.
 - The DLTSS Data Quality project has completed its research in the Vermont communities. The final report will be provided in early April.
 - Universal Transfer Protocol project:
 - The final deliverable for Phase 1 was received and approved. Recommendations for the next phase were proposed at the March 25th Work group meeting with no objections.
- Population-Based ACO Project:
 - The VITL Population Based ACO contract to include the Population-Based Gap Remediation scope of work is in its approval process.
- Event Notification: A vendor has been selected to pilot the solution. The project has reached agreement on 3 pilot sites.
- The Stone Environmental Data Inventory Project has conducted interviews with individual Steering Committee members to discover additional information on data sets. A work plan for the remainder of the project was developed the week of March 23rd.
- The JBS Telehealth/Telemedicine contract is in the approval process. The initial kickoff meeting was conducted on March 23rd.
- The Vermont Health Information Strategic Plan project has conducted two steering committee meetings and information gathering & interviews have begun by the vendor.
- HIT/HIE Workplan was developed and reviewed by Work Group members.
- The State of Vermont and VITL will not be pursuing the ONC Funding Opportunity Announcement "Advance Interoperable Health Information Technology Services to Support Health Information Exchange."

2) Planned accomplishments for next month/future:

- Telehealth/Telemedicine Contract to be executed. Work will initiate on updating the project plan and definition of current landscape.

- VCN Data Repository vendor to be selected.
- Planning for Year 2 based on the goals set forth in the Year 2 Work Plan.
- The Stone Environmental Data Inventory Project to continue to gather information on data sets and begin prioritization of in depth review of select data sets.
- Work will continue with the ACTT projects and the ACO Population Health projects and additional work will begin as proposals are reviewed and approved.

3) **Issues/risks that need to be addressed:**

4) **Other matters:**

***Vermont Health Care Innovation Project
Payment Models Work Group Status Report
March 2015***

Date: March 27, 2015

Co-Chairs: Andrew Garland and Don George

Staff: Kara Suter and Richard Slusky

The Payment Models Work Group meeting was held on March 16, 2015.

1) Work Group Project updates this month:

- Cecelia Wu updated the workgroup on Year 3 VMSSP Total Cost of Care research activities. Staff are currently looking into a number of different services provided by Medicaid and how those might fit into a TCOC expansion in Year 3.
- Alicia Cooper provided the group an update on the work of the Episodes of Care Sub-group. Sub-group members have been reviewing other EOC work across the nation. The PMWG should be asked to consider a funding request for Episode of Care analytics from this sub-group at an upcoming meeting.
- The VMSSP Year 2 Gate and Ladder methodology was voted on at the March meeting. The proposed Year 2 methodology was approved by the workgroup with three abstentions.
- Craig Jones from the Blueprint for Health attended the meeting and received comments from members on the proposed changes to the Blueprint's payment methodology. Comments and questions centered on the need for more specific detail before moving forward. Some of the issues discussed were:
 - a) Regulation of the UCCs
 - b) Concern that the cost to transition from the 2011 to the 2014 NCQA standards will not be covered by the proposed \$1 PMPM payment increase to practices
 - c) Weighting of NCQA recognition and participation in the local collaborative relative to quality and utilization performance components

Individual recommendations on the proposal are requested from the workgroup by the end of March. Specific recommendations will then be sent to Blueprint leadership prior to the next PMWG meeting.

- The workgroup reviewed the 2015 Payment Models Work Group work plan. This work plan emphasizes more collaboration and cross fertilization of ideas and goals across work groups.

2) Planned accomplishments for next month/future:

- At the April meeting, the Episodes of Care sub-group will present a funding request.
- Recommendations from work group members and staff on the Blueprint Methodology will be further discussed, and the work group will provide formal comments.
- Staff will prepare a presentation for the workgroup on CMS's Next Generation ACO model
- PMWG staff are working with DLTSS on a presentation about the Nursing Home Bundled Payment Initiative

3) Issues/risks that need to be addressed:

4) Other matters:

**Vermont Health Care Innovation Project
 Population Health Work Group Status Report
 March 2015**

Date: March 27, 2015
 Co-Chairs: Tracy Dolan & Karen Hein
 Staff: Heidi Klein

The Population Health Work Group met on March 9, 2015. Its next meeting will be held on April 14, 2015.

1) Work Group Project updates this month:

- a. *March meeting of the PHWG: Accountable Community for Health Research.* Leslie Mikkelson, Will Haar, Kalahn Taylor-Clark and Lisa Dulsky Watkins, of the Prevention Institute team, presented an overview of the work done thus far. They summarized the initial round of interviews at the sites across the country that have appear to have elements of an Accountable Community for Health (ACH) including: Oregon – Coordinated Care Organizations (Oregon), Live Health Summit County (OH), Pathways to Healthy Bernalillo County (NM), Pueblo Triple Aim Coalition (CO), and LiveWell San Diego (CA).
- b. *Prevention Institute Inquiry regarding VT Accountable Communities for Health.* Many VT sites were reviewed for inquiry as potential seeds of an Accountable Community for Health. Three were visited: Burlington, St. Albans, and St. Johnsbury. Prevention Institute staff also met with Department of Health leadership and VHCIP staff to learn more about VT to contextualize their research and to share information about their work to date.
- c. *Presentation to Care Models Work Group.* Tracy Dolan, co-chair, provided an overview of the work of the population health work group and the current research related to Accountable Communities for Health.

The ACH is envisioned as building upon the learning collaboratives in the following ways:

Learning Collaborative	Accountable Community for Health
The integration of care across the spectrum of clinical care	+ additional connection to social and community services and community-wide prevention efforts
Panel of patients + attributed lives	+ others living in the service area
A regional approach to health care services for patients	A regional approach to health for all people in a given geographic community

2) Planned accomplishments for next month/future:

- d. Continue to reach out to other Working Groups and the Steering Committee regarding shared priorities and the population health plan for VHCIP.
- e. Draft paper on opportunities for paying for population health and prevention as part of the various models within the Vermont Health Care Innovation Project. This paper will have two sections. The first section will provide a basic explanation of the current payment structures and the new models being tested through the Vermont Health Care Innovation Project. The second section will provide an analysis and recommendations on the opportunities for

including payment of population health and community-wide prevention strategies. The next paper will focus on promising financing vehicles that promote and/or enable financial investment in population health interventions.

3) **Issues/risks that need to be addressed:**

- a. *Shared frameworks:* While there appears to be significant interest in the work of the PHWG it is clear that many of the leaders in the project do not share the same definition of population health and remain unfamiliar with the frameworks adopted by the Population Health Work Group.
- b. *Innovation Models:* There is the risk that the payment and care models being tested will not include the population health frameworks adopted by the PHWG. Conversely, there is the risk that the PHWG exploration of Accountable Health Communities is not sufficiently connected to the models being tested. The Prevention Institute has been tasked with exploring existing building blocks (e.g. Blueprint and ACOs) but not with the emerging models.
- c. *Alignment of resources and expectations:* CMS, with the assistance of CDC, is increasing the expectations for population health in VHCIP but the workgroup leadership is not clear on the resources that will be available to meet these new expectations. Additionally, many partners have inquired about the possibility of serving as a pilot test for an Accountable Health Community presuming there are funds available.

4) **Other matters:**

***Vermont Health Care Innovation Project
Quality and Performance Measures Work Group Status Report
March 2015***

Date: March 27, 2015

Co-Chairs: Catherine Fulton & Laura Pelosi

Staff: Pat Jones & Alicia Cooper

The Quality and Performance Measures Work Group meeting was held on March 16, 2015.

1) Work Group Project updates this month:

Updates were provided for the following ongoing items:

- The Payment Models Work Group will vote on the proposed Gate and Ladder methodology changes for Year 2 at the March 16th meeting.
- Status of Year 1 Shared Savings Program Data Collection: An update was given on the collection of claims-based and clinical measures and the patient experience survey for Year 1, including a discussion of the ACOs' progress with chart review for clinical data collection and the small numbers issue for Year 1 of the commercial ACO program.
- The GMCB will vote on the proposed hiatus for Year 3 SSP measures at the March 19th meeting.

The group reviewed the high level points in the work plan. The group also began a review of national changes in measures that are in Vermont's ACO SSP measure set, highlighting opportunities for measures currently in use to be modified or replaced. Finally, the group provided feedback on the Analytics Contractor's proposed measure reporting templates.

2) Planned accomplishments for next month/future:

- During the April meeting, the work group will continue their review of national measure changes and develop a strategy for modifying the Vermont ACO SSP measure set accordingly.
- Also during the April meeting, Craig Jones will present additional information on the Blueprint for Health's incorporation of ACO measures into practice and health service area profiles, and the proposed use of a quality composite in a Pay for Performance model.

3) Issues/risks that need to be addressed: The planned discussion by the GMCB of a potential Year 3 measure hiatus has led to some uncertainty when planning work group activity around Year 3 measure modifications for the commercial and Medicaid SSPs.

4) Other matters: Within the next several quarters, the work group may have the opportunity to provide input on the definition of "meaningful improvement" as it applies to quality performance in the GMCB-approved commercial Shared Savings Program standards. Also within the next several quarters, the Work Group may be called upon to recommend or provide input on measures for other payment models (e.g., episodes of care, pay-for-performance).

***Vermont Health Care Innovation Project
Workforce Work Group Status Report
March 2015***

Date: March 27, 2015

Co-Chairs: Mary Val Palumbo & Robin Lunge

Staff: Amy Coonradt

The Health Care Work Force Work Group did not meet in March. Its next meeting will be held on April 22, 2015.

1) Work Group Project updates this month:

- The Micro-simulation Demand Modeling RFP closed for bidding on March 2, 2015, and all bids received are currently being reviewed and scored by a bid review team
- The Strategic Plan subgroup formed and held an initial meeting on March 18, and will meet several more times over the next few months in order to issue recommendations on updating the Health Care Work Force Strategic Plan.

2) Planned accomplishments for next month/future:

- The April meeting will include an update from the Office of Professional Regulation.
- The Payment Models and Population Health work groups have all been invited to provide an update to this workgroup.
- The work group will continue discussion around updating the Workforce Strategic Plan in the coming months.
- The work group will review the Year Two Work Plan at its April meeting.

3) Issues/risks that need to be addressed:

- The group will explore the issue of transparency laws around professional relicensure data and surveys.

4) Other matters: